Effective October 1, 2000 09844304							
CLAIMS AS	(Column 2) SMAL TYPE		ENTITY OR		OTHER THAN SMALL ENTITY		
TOTAL CLAIMS	20		RAT	E FEE		RATE	FEE
FOR 4	NUMBER FILED	FILED NUMBER EXTRA		FEE 355.00	OR	Basic Fee	710.00
TOTAL CHARGEABLE CLAIMS	20 minus 20=	nus 20= * <i>D</i>			OR	X\$18=	
INDEPENDENT CLAIMS . 4 minus 3 =		1	X40		OR	X80=	80
MULTIPLE DEPENDENT CLAIM PRESENT			+135	•	OR	+270=	
* If the difference in column 1 is less than zero, enter *0" in column 2			TOTA	T	OR	TOTAL	790
CLAIMS AS AMENDED - PART II				OTHER THAN SMALL ENTITY OR SMALL ENTITY			
4-27 05 (Column 1)	(Colur		SMAI	L ENTITY	OR	SMALL	
CLAINS REMAINING AFTER AMENDMENT Total  Total  Total	NUGH NUM PREVK PAID	BER PRESENT CUSLY EXTRA	RATI	ADDI- E TIONAL FEE		RATE	ADDI- TIONAL FEE
Total	Minus •• 2		XS 9	<b>.</b>	OR	X\$18=	1.2
S. mochament .	Minus 11		X40:	* *** ***	ОЯ	X80=	721
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM?		+135		OR	+270=		
				AL	OR	TOTAL ADDIT, FEE	
ADDIT. FEE ADDIT. FEE ADDIT. FEE							
CLAIMS REMAINING	HIGH NUM PREVI PAID	BER PRESENT OUSLY EXTRA	RATI	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total Independent - 131	Minus	· a .	X\$ 9	•	OR:	X\$18=	
Independent FIRST PRESENTATION OF M	Minus	CI AIM	X40.		ÒЯ	X80≈	
Author and the metal		CARLO	+135	•	OR	+270=	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ADOIT, F	AL EE	OR	ADDIT FEE	
(Column 1) (Column 2) (Column 3)							
Total Independent	PAID	BER PRESENT	RATI	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total	Minus:		X\$ 9	<b>a.</b>	OŖ	X\$18=	
Independent	Section Section 1		X40-	- 1:	OR	X80=	
PIRST PRESENTATION OF MOLTIFIE DEPENDENT COMM					1		1.1
20 2 · · · · · · · · · · · · · · · · · ·			4,100		OЯ	+270=	1 20 1
** If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20."   Januar 555   VIII Annut 555							
"If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.							

FORM PTO-678

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**Application or Docket Number**